

Sidewalk Café Permit Agreement

THIS AGREEMENT is entered into this 6 day of May, 2016, by and between the CITY OF CORVALLIS, an Oregon municipal corporation, hereinafter referred to as "City", and **Mediterranean Café**, hereinafter referred to as "Permittee", the promises of each being given in consideration of the promises of the other.

WHEREAS, Permittee desires to occupy the public right-of-way for the purpose of operating a sidewalk café in accordance with Chapter 8.08 of the Corvallis Municipal Code, and

WHEREAS, Chapter 8.08 of the Corvallis Municipal Code contains certain conditions for permittee as result of the City allowing this activity;

NOW, THEREFORE, the parties agree as follows:

1. Term. This permit shall be in effect from January 1, 2016 through December 31, 2016.

2. Right-of-Way Use. City hereby grants to Permittee a non-assignable right to occupy the following described right-of-way, subject to all of the terms and conditions of this Permit and Chapter 8.08 of the Corvallis Municipal Code, as currently enacted or as subsequently modified, for the purpose of operating a sidewalk café at the following location: **456 SW Madison Ave**, and in a manner as shown on the attached site plan, Exhibit A, which by this reference is incorporated into and made a part of this permit.

3. Use Regulations.

a. The permit is specifically limited to the area described in paragraph 2 above.

b. The permittee shall notify the Building Official in writing when operation of the sidewalk café commences.

c. Permittee shall assure that the operation of the sidewalk café shall be located such that there is at least six (6) feet from the outermost edge of the sidewalk café to the street curb, landscape curb, or other edge of the public sidewalk, that also includes a minimum of four (4) feet of clear and unobstructed passageway to an elevation of seven (7) feet between the sidewalk café tables, chairs and barriers and tree wells, bike racks, lamp posts, sign posts and any other fixtures or obstructions.

d. The sidewalk and all things placed thereon shall at all times be maintained in a clean and orderly condition. Only those things authorized by the permit and shown on the site plan may be stored in the public right-of-way when the sidewalk café is not in operation. The operation of a sidewalk café requires that trash containers be provided on site.

e. The sidewalk café shall not occupy or obstruct the vision clearance triangle.

f. No signs shall be attached to any furniture or any other structure related to the operation of the sidewalk café except as required by these or other use regulations.

g. Sidewalk café hours of operation will discontinue by 11:00 PM on Sunday through Thursday and 1:00 AM on Saturday and Sunday.

h. The permittee is required to utilize and maintain an approved café delineation method.

i. Permittee shall remove all sidewalk café installations and mitigate any resultant damage to the public Right of Way within 15 days of ceasing operations of the sidewalk café or adjacent business. Permittee or property owner shall remove sidewalk café installations from the public Right of Way within 15 days of Notice from the City that a sidewalk café, the adjacent business, or permittee has ceased operation.

FOR STAFF USE ONLY

Case Number: CAF16-00021
 Date Filed: _____

Application Fee: 100 -
 Receipt No.: 118699

Application for Sidewalk Café Permit

City of Corvallis
 Development Services
 501 SW Madison Ave
 PO Box 1083
 Corvallis OR 97339
 541-766-6929



☐ NEW application, or ☒ RENEWAL application with no change in previous site plan (provide copy of site plan).

Application is hereby made for a revocable permit to operate a SIDEWALK CAFÉ in accordance with Chapter 8.08 of the City of Corvallis Municipal Ordinance Code.

Restaurant Name BABYLA MEDITERRANEAN CAFE Phone 626-788-6546

Restaurant Address 453 SW MADISON AVE

Applicant Name (print) BENJAMIN ERWIN Email info@corvallismediterranean.com

I shall hold the City of Corvallis, its officers, agents, and employees free and harmless from any claims for damages to persons or property including legal fees and costs of defending any actions or suits thereon, including appeals therefrom, which may result from granting this permit.

Applicant Signature *Benjamin Erwin* Date: 04/07/2016

Property Owner Name (print) Robert D. Carl Jr. Phone 541 757-8151

Property Owner Address 455 SW Madison Ave

Property Owner Signature *Robert D. Carl Jr.* Date 4/13/16

Permissible Development Districts: CB CBF MUE MUC RF MUCS NC MUT

OFFICE USE ONLY

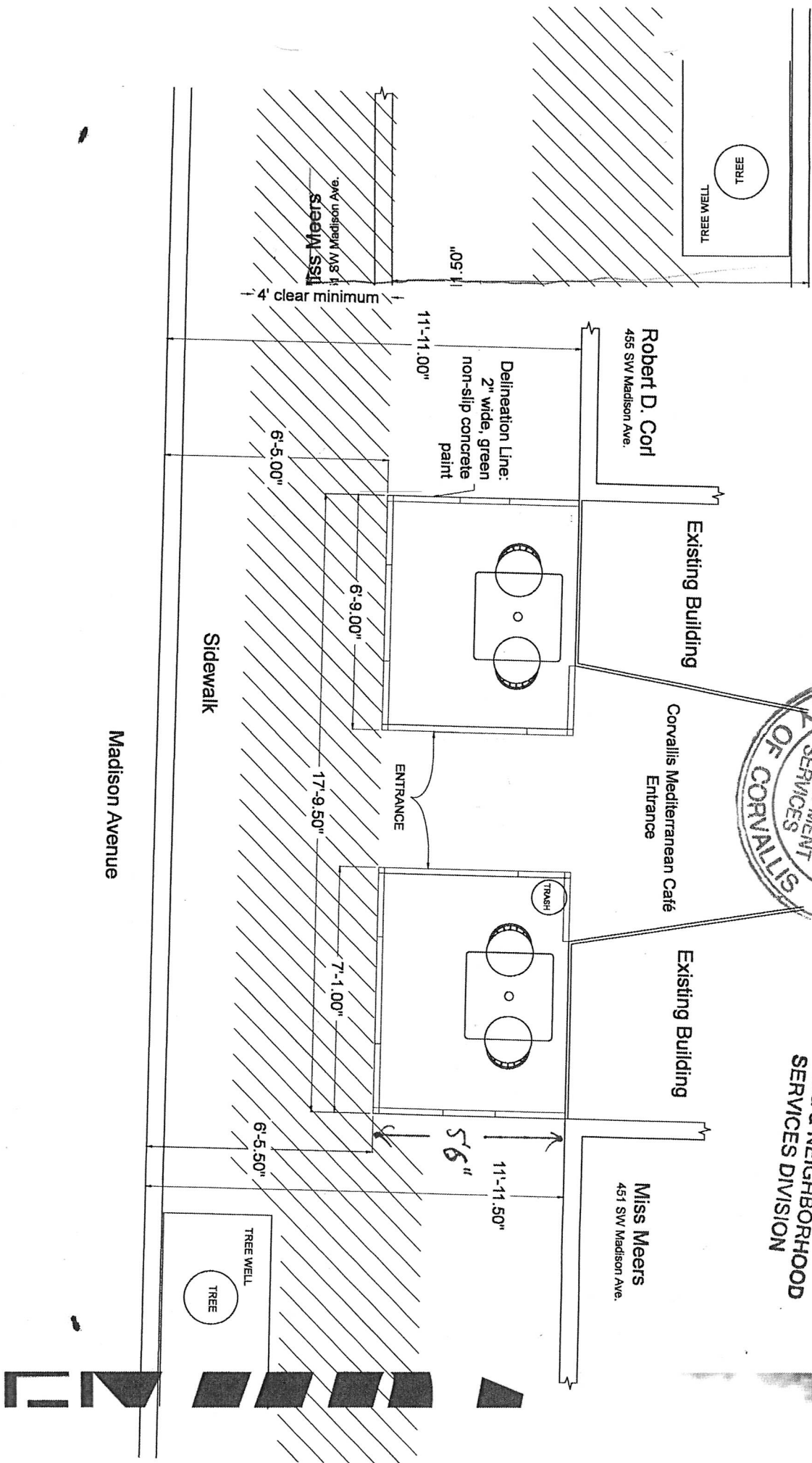
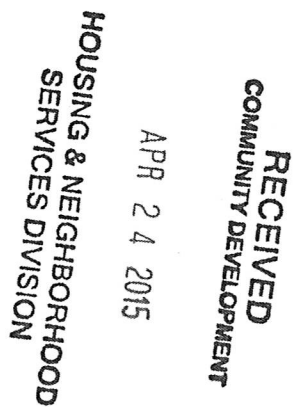
CPD signature _____ Review Date _____

DS signature *D. V.* Date 5/6/16 ☒ Approved ☐ Denied

Rental Fee: ☒ \$N/A (due at time of permit approval)

Base calculation is \$1 per square foot for cafes on the public right-of-way in excess of 100 square feet. The first 100 square feet of café area does not incur a fee.

SCALE: $\frac{1}{4}'' = 1 \text{ ft.}$





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/04/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Grant Scheele(731532K) 1348 NE Mayview Dr Albany OR 97321-2916		CONTACT NAME: PHONE (A/C No. Ext): 541-791-7695 FAX (A/C No): 541-393-2934 E-MAIL ADDRESS: gscheele@farmersagent.com													
INSURED CORVALLIS MEDITERRANEAN CAFE 453 SW MADISON AVE CORVALLIS OR 97333		INSURER(S) AFFORDING COVERAGE <table border="1"><tr><td>INSURER A: Truck Insurance Exchange</td><td>NAIC # 21709</td></tr><tr><td>INSURER B: Farmers Insurance Exchange</td><td>21652</td></tr><tr><td>INSURER C: Mid Century Insurance Company</td><td>21687</td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>		INSURER A: Truck Insurance Exchange	NAIC # 21709	INSURER B: Farmers Insurance Exchange	21652	INSURER C: Mid Century Insurance Company	21687	INSURER D:		INSURER E:		INSURER F:	
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INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
B	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y	N	605897295	03/01/2016	03/01/2017	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 2,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 150,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ 2,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 4,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 4,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 2,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 150,000	MED EXP (Any one person)	\$ 5,000	PERSONAL & ADV INJURY	\$ 2,000,000	GENERAL AGGREGATE	\$ 4,000,000	PRODUCTS - COMP/OP AGG	\$ 4,000,000		\$
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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A		N/A				<table border="1"><tr><td>WC STATU-TORY LIMITS</td><td>OTH-ER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td></tr></table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$						
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E.L. DISEASE - POLICY LIMIT	\$																				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

453 SW MADISON AVE, CORVALLIS, OR 97333

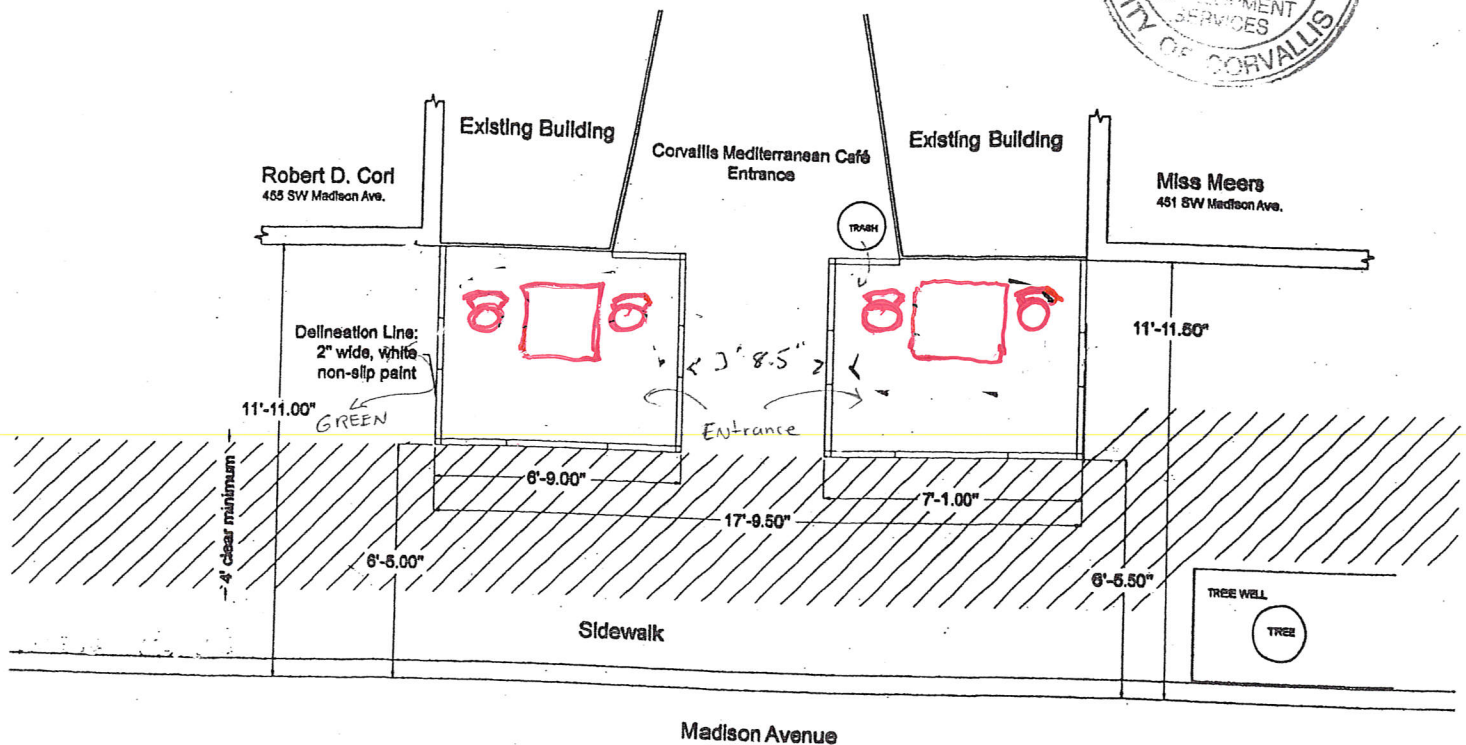
CERTIFICATE HOLDER**CANCELLATION**CITY OF CORVALLIS ITS OFFICERS AND EMPLOYEES
PO BOX 1083

CORVALLIS OR 97339

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Corvallis Mediterranean Café
 Sidewalk Café
 453 SW Madison Ave.
 SCALE: $\frac{1}{4}" = 1 \text{ ft.}$



- ABOVE SITE PLAN WAS RED STAMP
 APPROVED, HOWEVER THE ORIGINAL
 DOCUMENT IS MISSING UNTIL NOW.
- NO! CHANGES HAVE BEEN MADE FROM
 THE ORIGINAL APPROVED SITE PLAN,
- THE ORIGINAL APPROVED COPY WILL BE LOOKED
 FOR BEFORE THE MEETING W/ CITY OFFICER